

# CLAIMS ONLY

SERIAL NO.

09954564

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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TOTAL IND.	6					
TOTAL DEP.	31					
TOTAL CLAIMS	37					

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (For use with Form PTO/SB/06)							Application Number		Filing Date			
							Applicant(s) <b>R. Moffitt</b>					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	Ind.						51					
2		1					52					
3		1					53					
4		3					54					
5		4					55					
6		5					56					
7		6					57					
8		7					58					
9		8					59					
10		1					60					
11		3					61					
12	Ind.						62					
13		12					63					
14		13					64					
15		14					65					
16		15					66					
17		13					67					
18	Ind.						68					
19		18					69					
20		19					70					
21		20					71					
22		21					72					
23		19					73					
24	Ind.						74					
25		24					75					
26		25					76					
27		26					77					
28		27					78					
29		28					79					
30	Ind.						80					
31		30					81					
32		31					82					
33		32					83					
34	Ind.						84					
35		34					85					
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37		36					87					
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39							89					
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42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	6						Total Indep					
Total Depend	31						Total Depend					
Total Claims	37						Total Claims					

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